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CONFIRMATION NO. 3429

<b>SERIAL NUMBER</b> 10/807,531	<b>FILING OR 371(c) DATE</b> 03/23/2004 <b>RULE</b>	<b>CLASS</b> 600	<b>GROUP ART UNIT</b> 3737	<b>ATTORNEY DOCKET NO.</b> UM-08780
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## APPLICANTS

Thomas L. Chenevert, Ann Arbor, MI;  
 Hero K. Hussain, Ann Arbor, MI;  
 Scott D. Swanson, Ann Arbor, MI;  
 Vikas Gulani, Ann Arbor, MI;

## \*\* CONTINUING DATA \*\*\*\*\*

None Ikk

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

None Ikk

IF REQUIRED, FOREIGN FILING LICENSE GRANTED\*\* SMALL ENTITY \*\*

\*\* 06/03/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> MI	<b>SHEETS DRAWING</b> 7	<b>TOTAL CLAIMS</b> 20	<b>INDEPENDENT CLAIMS</b> 2
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>[Signature]</i> Initials: <i>Itk</i>				

## ADDRESS

23535

## TITLE

Noninvasive method to determine fat content of tissues using MRI

<b>FILING FEE RECEIVED</b> 450	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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